

Name
in
Full

Eliza A. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

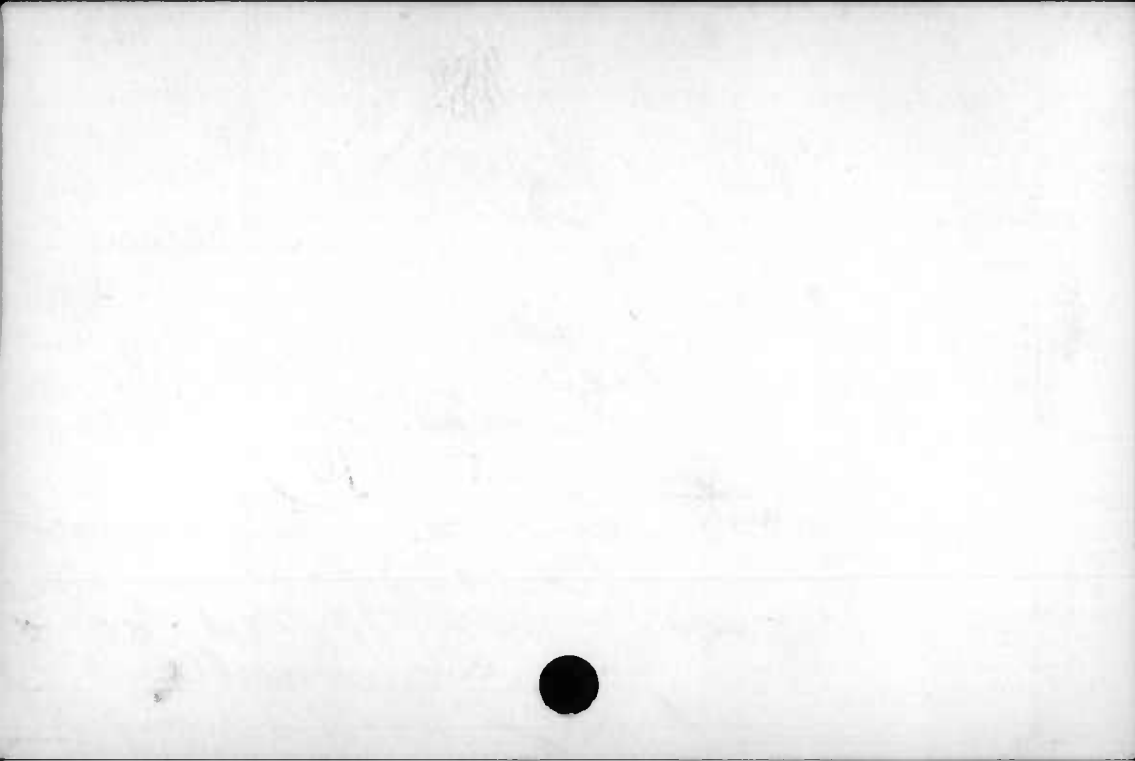
MARYLAND

Died at *Springfield Hospital - Carroll* Town CountyDate of death *1908* Month *June* Day *17th* Age *79* Years Months *-* Days *-*Sex *Female* Color or Race *White* Birth-place *Ind.*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *Unknown -*Father's Name *Obed Hurley* Father's Birthplace *Ind. -*Mother's Maiden Name *Jane Artis* Mother's Birthplace *Washington D.C.*Name of person giving information *Hospital records* How related to deceased *None*

CAUSES OF DEATH

108

Primary *Intestinal Obstruction* How long *1 day*
Peritonitis How long *14 hrs.*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *W. Henry Fisher M.D.*Address *Sykesville*Accident or Suicide? *No.* *Ind.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mannie E. Bowie</i>		Town <i>Oakland</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>19</i>		Age <i>19</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>19</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Days	
Occupation <i>Student</i>		Where Residing if not at place of death		Place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Single</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Tennessee</i>	
Father's Name <i>Wm. N. Bowie</i>		Mother's Maiden Name <i>Helen Reese</i>		Name of person giving information <i>Thurston Bowie</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Two weeks</i>
Immediate	<i>Expansion & Suffocation</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. N. Ward, M.D.</i>	
		Address <i>Harrisonville</i>	
Accident or Suicide? <i>—</i>		<i>Barth Co. Md.</i>	



Name
in
Fullno 360
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jacob Brehm		Town near Carrollton		County Sr Carroll		State MARYLAND	
Died at near Carrollton		Date of death 1906		Age 77		Months 9	
Sex Male		Color or Race White		Birth-place Germany		Days —	
Occupation Farmer				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Eva Basler		Father's Birthplace Germany		Mother's Birthplace do	
Father's Name Leite Brehm		Mother's Maiden Name Margaret Hardin		How related to deceased Wife		Name of person giving information Eva Brehm	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Apoplexy	How long one day
Immediate " "	How long " "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. L. Bott
	Address Westminster, Md
Accident or Suicide? do	

St John devalle

Name
In
Full

Littlewood Garfield Broddus

CERTIFICATE OF DEATH

Died at Eldersburg

Town

Carroll

County

MARYLAND

Date of death 1908 June

Month

30

Day

Age

Years

15

Months

10

Days

4

Sex Male

Color or
Race

Colored

Birth-
place

Carroll Co. Md.

Occupation

Wailer

Where Residing if not
at place of death

same

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Wm T. Thomas

Father's
Birthplace

Talbot Co. Md.

Mother's
Maiden Name

Ida Hardy

Mother's
Birthplace

Carroll Co. Md.

Name of person giving
information

Ida Broddus

How related
to deceased

mother

CAUSES OF DEATH

27

Primary

Pleurisy

How long

6 mos

Immediate

Pulmonary Tuberculosis

How long

3 mos

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

M D Morris

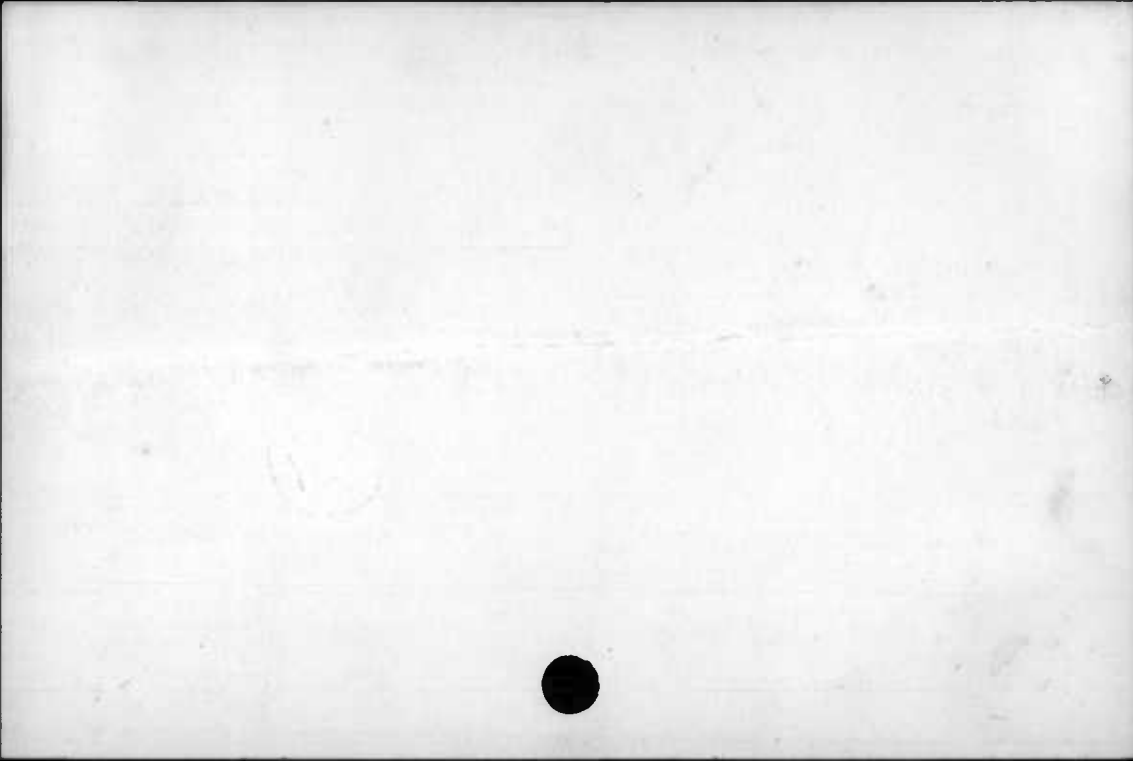
Address

Eldersburg

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ellery C. Folger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

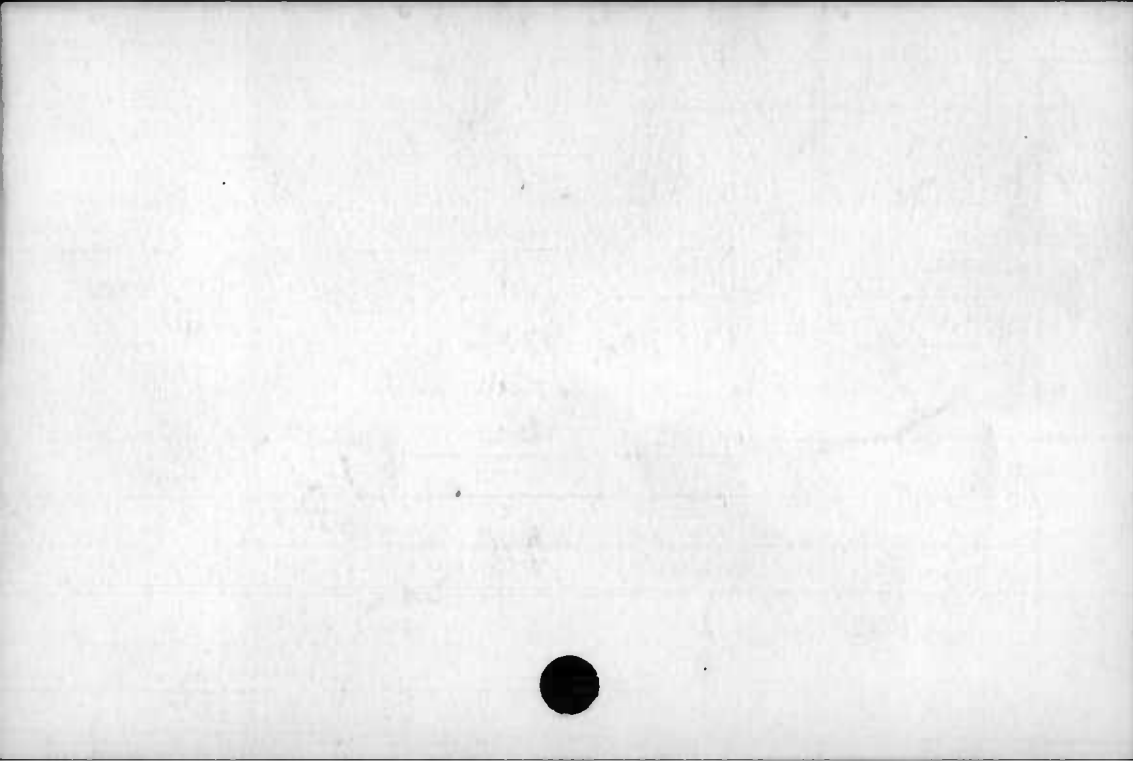
Died at <i>Springfield Hospital</i>		Town <i>Marshall</i>		County <i>Marshall</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>June</i>	Day <i>19</i>	Age <i>71</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>East Mass.</i>			
Occupation <i>Commission Merchant</i>		Where Residing if not place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Unobtainable</i>					
Father's Name <i>Stephen Folger</i>		Father's Birthplace <i>Mass.</i>					
Mother's Maiden Name <i>Anne North</i>		Mother's Birthplace <i>Mass.</i>					
Name of person giving information <i>Hospital records</i>		How related to deceased					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Senile dementia</i>	How long	<i>about 3 yrs.</i>
Immediate	<i>Chronic Nephritis</i>	How long	<i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. J. Carey</i>	
		Address <i>Sylvester</i>	
Accident or Suicide? <i>No</i>		<i>Md.</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

368

CERTIFICATE OF DEATH

MARYLAND

Died at *Gins* Town*Carroll* CountyDate of death *1908* Month *June* Day *29*Age *66* YearsMonths *6* Days *21*Sex *Male*Color or Race *White*Birth-place *Gambier*Occupation *Farmer*Where Residing if not at place of death *Gist*Married, Single or Widowed *Single*Name of Wife or Husband *Eliza A Gorsuch*Father's Name *Lovelie Gorsuch*Father's Birthplace *Gambier*Mother's Maiden Name *Rachel A B Shipley*Mother's Birthplace *Don't know*Name of person giving information *Allie L Gorsuch*How related to deceased *Son*

CAUSES OF DEATH

66

Primary *Paralysis*How long *18 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *R. H. Halls*Address *Gambier*

Accident or Suicide?

Carroll Co Ind

Bethesda Cemetery

Name
in
Full

Rosa Grace Grissom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hampstead		County Carroll		MARYLAND	
Date of death	1908	Month 6	Day 23	Age 15	Months 0	Days 1	
Sex	Female		Color or Race	White		Birth-place	Hampstead, Md.
Occupation	School child			Where Residing if not at place of death			X
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Michael Jacob Grissom				Father's Birthplace	Gaets. Co. Maryland	
Mother's Maiden Name	Anna Belle Griffe				Mother's Birthplace	Hampstead, Md.	
Name of person giving information	Michael Jacob Grissom				How related to deceased	Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Double Pneumonia	How long	3 wks.
Immediate	Empyema, Heart Failure	How long	3 wks.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Edgar M. Bush, M.D.	
Address		Hampstead, Md.	
Accident or Suicide?		X	



Name
in
Full

Pearl Estel Grimes

364
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Town Shipley County Carroll

Died at

Date of death 1908 June 30 Age 28 Months 3 Days 22

Sex Female Color or Race White Birth-place Maryland

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Francis J. Grimes

Father's Name Brose J. Shipley Father's Birthplace Maryland

Mother's Maiden Name Anna Mary Zeph Mother's Birthplace Do

Name of person giving information Frank J. Grimes How related to deceased Brother

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Wymia How long 10 hours

Immediate Chronic Nephritis How long "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician No. 2 Bott

Address Westminster Md

Accident or Suicide?

Bathusca

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

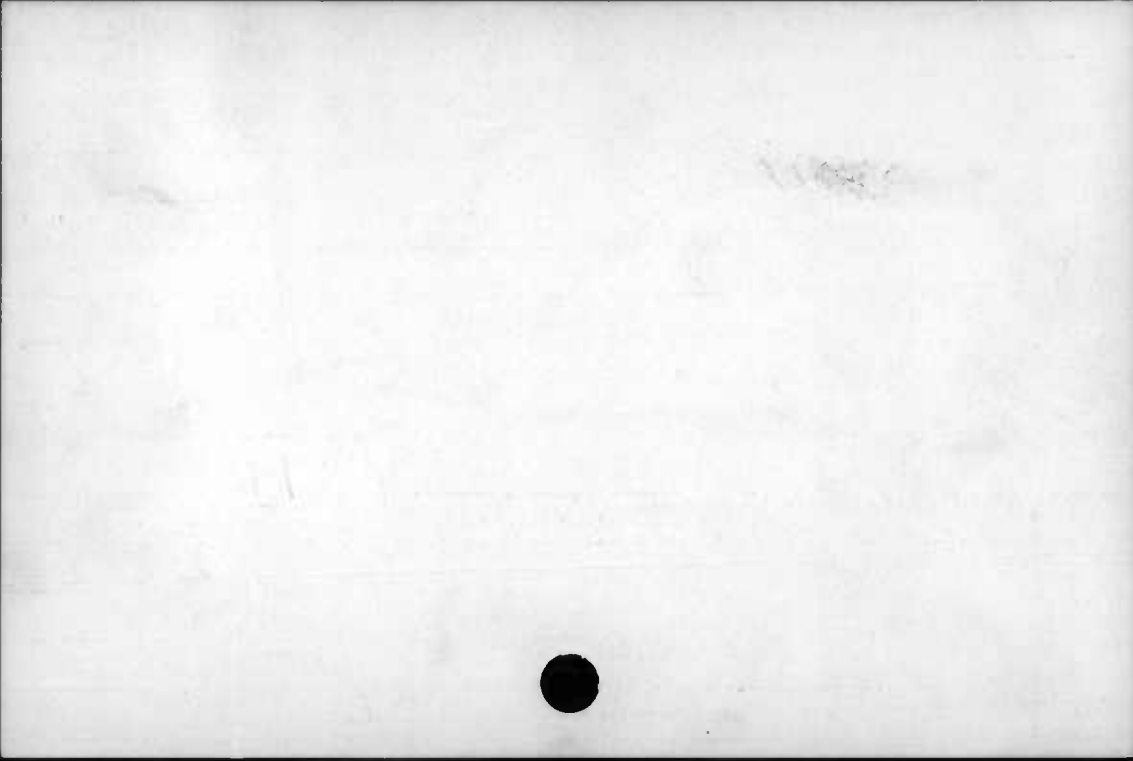
Name <i>Hanna Mary Hagan</i>		Town <i>Tanysboro</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death <i>1908 June 22</i>		Age <i>21</i>		Months <i>6</i> Days <i>18</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Tanysboro</i>			
Occupation <i>Music Teacher</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Warman B. Hagan</i>		Father's Birthplace <i>Frederick Md</i>					
Mother's Maiden Name <i>Sarah A. Ouldarff</i>		Mother's Birthplace <i>Gettysburg Md</i>					
Name of person giving information <i>Warman B. Hagan</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Hypertrophy with valvular insufficiency</i>	How long <i>9 mo -</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 mo -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>	Signature of Physician <i>Chandee M. Benner M.D.</i>
	Address <i>Tanysboro Md -</i>
Accident or Suicide?	



Name
in
Full

Mary Catharine Horner

361
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Barroll County

MARYLAND

Date of death 1908 June 12 Age 68 Months 3 Days —

Sex Female Color or Race white Birth-place Maryland

Occupation House Wife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Charles A. Horner

Father's Name Johnathan Plaine Father's Birthplace Maryland

Mother's Maiden Name Catharine Weaver Mother's Birthplace Maryland

Name of person giving information Charles A. Horner How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Bronchitis ✓ How long dont know

Immediate Heart failure How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. M. Sullivan

Address 146 Main St
Westminster

Accident or Suicide?



Name
in
Full

Thomas E. Kivini

CERTIFICATE OF DEATH

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NEAREST FRIEND

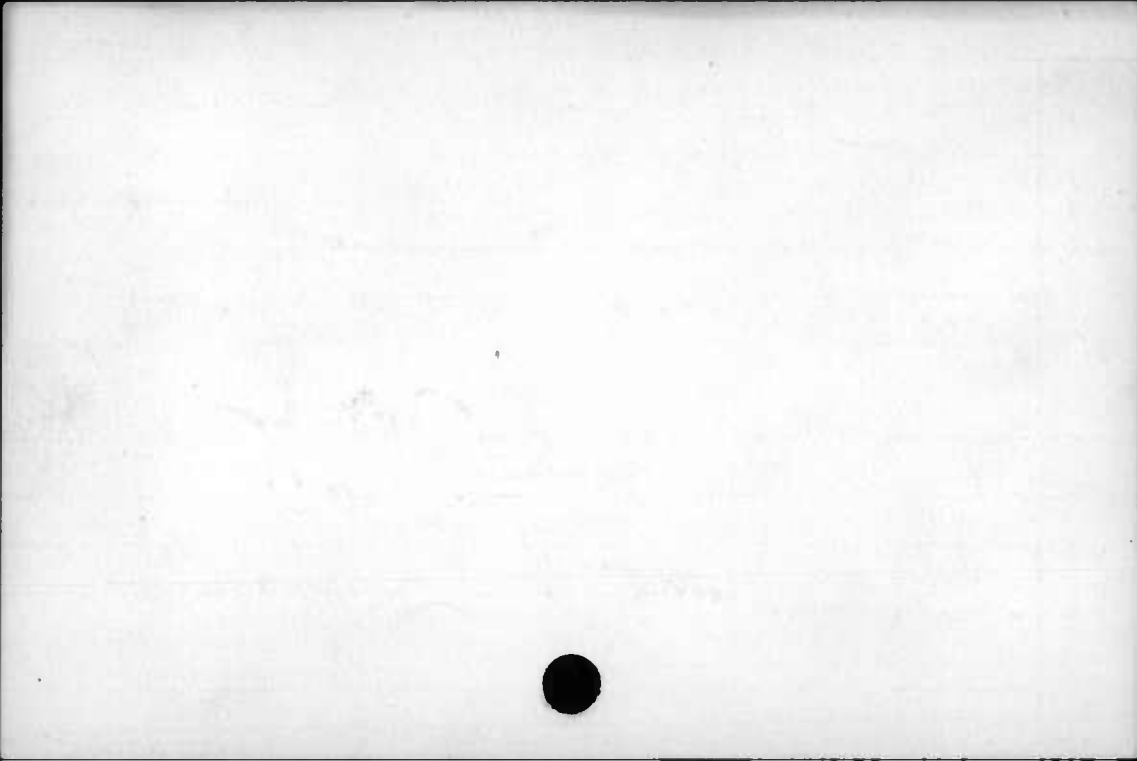
Died at <i>Springfield Hosp.</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>9</i>	Age <i>32</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary L.</i>					
Father's Name <i>Samuel Kivini</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Elizabeth A.</i>			Mother's Birthplace <i>md.</i>				
Name of person giving information <i>Hospital records</i>			How related to deceased				

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	<i>Epileptic Insanity</i>	How long	<i>unknown</i>
Immediate	<i>Status Epilepticus</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. J. Leary</i>	
<i>yes</i>		Address <i>Sykesville md.</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKensley Mills</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month	6	Day	14
Age	28	Years		Months	0
		Days	0		
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>Clerk</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Ivin B McKinstry</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Lizzie Englar</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Ivin B McKinstry</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. H. Brown

Address

New Windsor

Accident or Suicide?

(F)

Name
in
Full

Goldie M McQuay

359
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town} Severall ^{County} MARYLAND

Date of death 1908 ^{Month} June ^{Day} 7 ^{Age} — ^{Years} — ^{Months} 1 ^{Days} 4

Sex Female Color or Race white Birth-place Maryland

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

18

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Shaver
Westminster Cemetery

Name
in
Full

Edward Henry Matthias

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

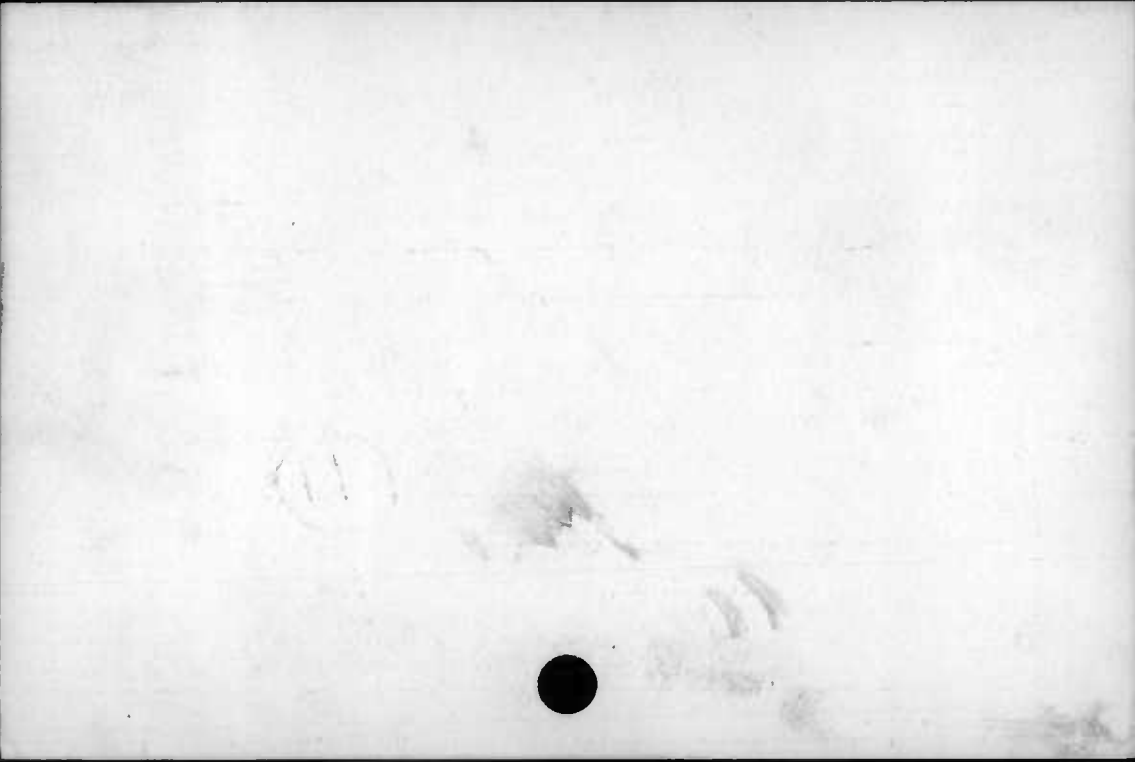
Died at		Town Bachman's Mill		County Carroll		MARYLAND	
Date of death		1908	Month June	Day 22	Age 62	Years	Months 14
Sex Male		Color or Race White		Birth-place Carroll Co Md			
Occupation Invalid all his life		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Samuel Matthias		Father's Birthplace Carroll Co Md					
Mother's Maiden Name Catherine Worrie		Mother's Birthplace York Co Pa					
Name of person giving information Susan Co. Baughman		How related to deceased Sister					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Cardiac Asthma	How long	7 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J H Sherman M.D.	
Address		Manchester	
Accident or Suicide?		Md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

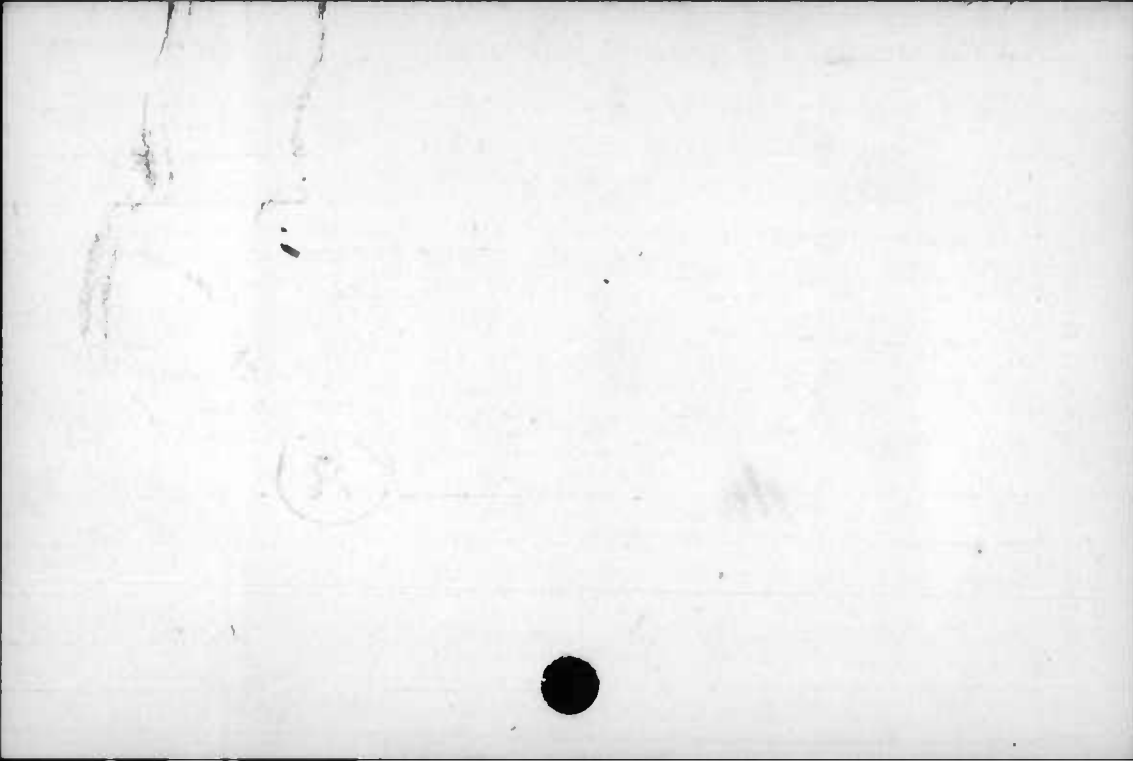
Name in Full <i>John D Myers</i>		Town <i>Bark Hill.</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Bark Hill.</i>		Month <i>6</i>		Day <i>5</i>		Age <i>65</i>	
Date of death <i>1908</i>		Month <i>6</i>		Day <i>5</i>		Age <i>65</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Sally Myers?</i>					
Father's Name <i>Samuel Myers</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Eliza Dagon</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>James Myers</i>		How related to deceased <i>Brother,</i>					

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary <i>Alcoholism</i>	How long <i>10 yrs.</i>
Immediate <i>Starvation</i>	How long <i>6 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Harbin Brown</i>
	Address <i>Union Bridge.</i>
Accident or Suicide?	



Name
in
Full

Nicholas D. Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

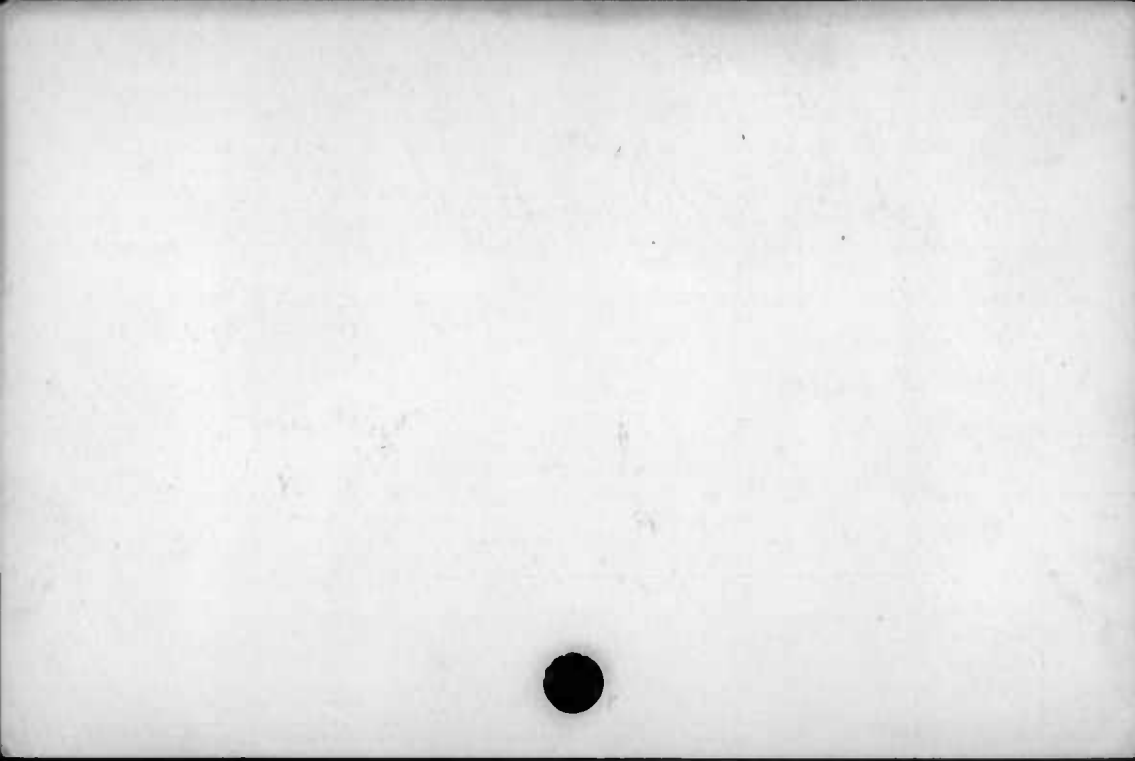
Died at		Town Eldersburg		County Carroll		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1908	June	8	85	1	19	
Sex	male		Color or Race	A hill		Birth-place	Carroll Co. Md
Occupation	Farmer			Where Residing if not at place of death		same	
Married, Single or Widowed	Widower		Name of Wife	Caroline Devine.			
Father's Name	Jonathan Morris				Father's Birthplace	Md.	
Mother's Maiden Name	Elizabeth Dorsey				Mother's Birthplace	Md	
Name of person giving information	H. Dorsey Morris				How related to deceased	son	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senility	How long	
Immediate	Organic Heart Disease	How long	2 yrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W D Morris
		Address	Eldersburg
Accident or Suicide?	no		Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

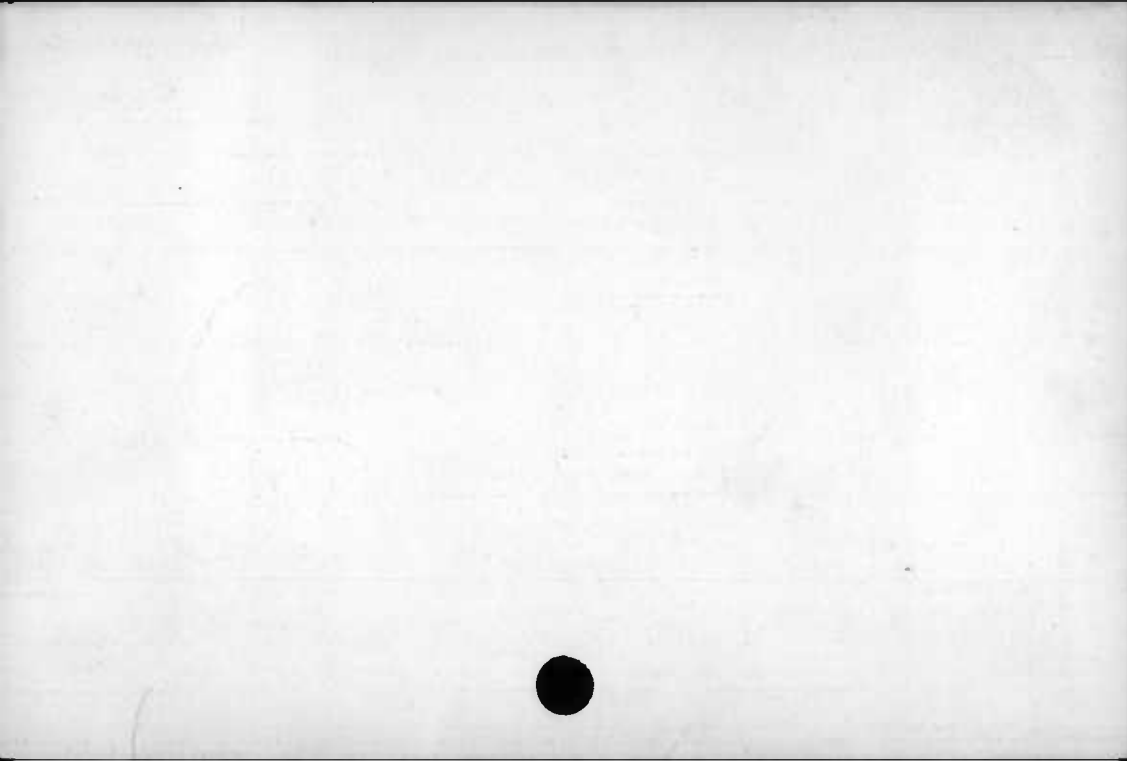
MARYLAND

Died at *Westminster* Town *Lincoln* CountyDate of death *1908* Month *June* Day *5* Age *84* Years Months DaysSex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Merchant* Where Residing if not at place of death *Westminster*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *David Petry* Father's Birthplace *Penn*Mother's Maiden Name *Ruth A. Walby* Mother's Birthplace *Maryland*Name of person giving information *Chas. Petry* How related to deceased *Brother*

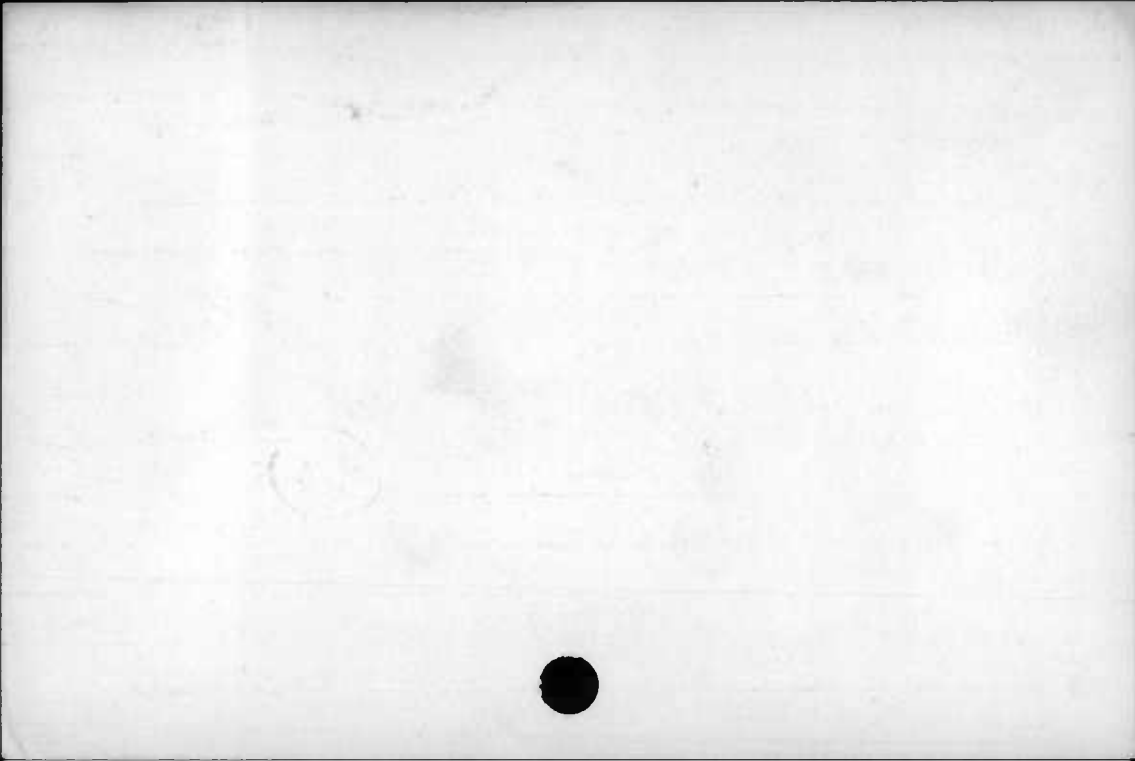
CAUSES OF DEATH

109

Primary *Paralysis of Bowels* How long *5 days*Immediate *Intestinal Obstruction* How long *5 "*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Lewis L. Woodward*Address *Westminster*Accident or Suicide? *No* *md*



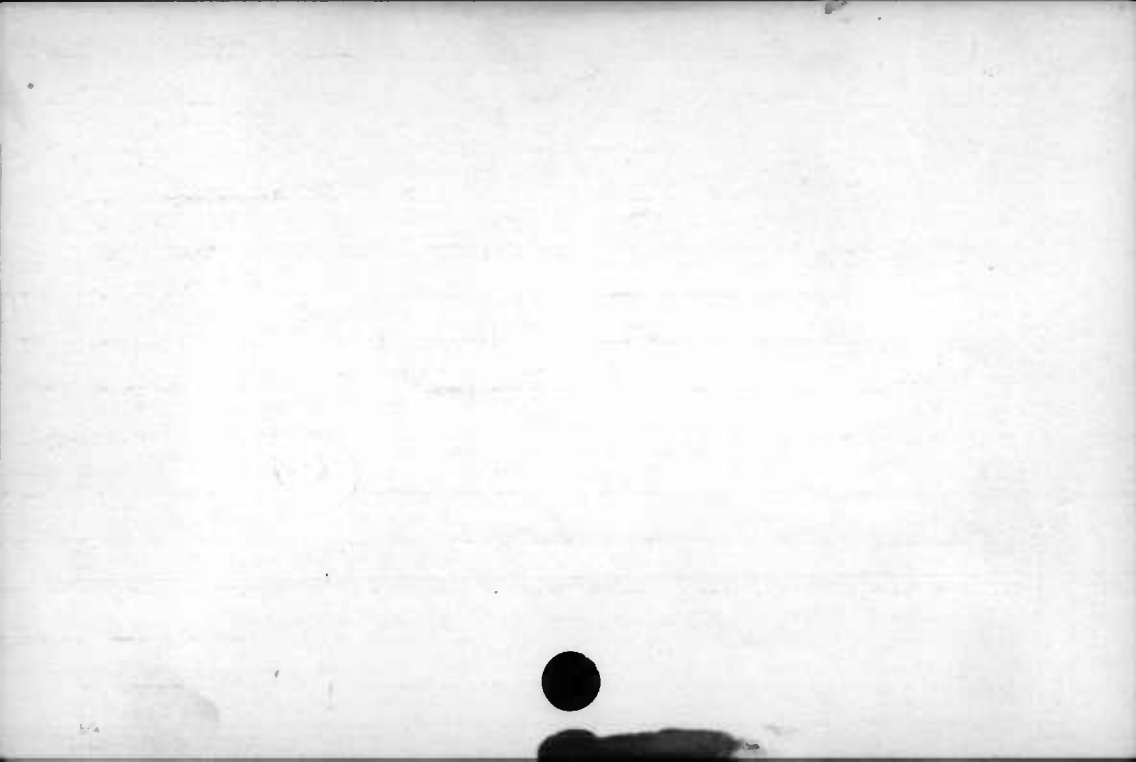
Name in Full		Henry L Seep				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Millers		County Carroll		MARYLAND
	Date of death		1908	Month June	Day 2	Age 59	Months 11
	Sex		Male		Color or Race White		Birth-place Germany
	Occupation		Farmer		Where Residing if not at place of death Millers		
	Married, Single or Widowed		Married		Name of Wife or Husband Mary C. Bollinger		
	Father's Name		Peter Seep		Father's Birthplace Germany		
	Mother's Maiden Name		Elizabeth Blodover		Mother's Birthplace Germany		
	Name of person giving information		Mary C Seep		How related to deceased Wife		
<div style="display: flex; justify-content: space-between;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 24px; font-weight: bold;">64</div> </div>							
PHYSICIAN OR CORONER	Primary		Apoplexy			How long 4 days	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. H. Sherman M.D.		
					Address Manchester Ind		
Accident or Suicide?							



Name in Full		Jesse Asbury Smith				362	
		County				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Westminster		Carroll		MARYLAND	
	Date of death	1908	June	20	Age	62	Months 4 Days 16
	Sex	Male		Color or Race	White		Birth- place
	Occupation	Carpenter		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Jesse Smith		Father's Birthplace			
	Mother's Maiden Name	Elizabeth Hudson		Mother's Birthplace			
Name of person giving Information	Margaret L. Smith				How related to deceased		
				CAUSES OF DEATH		(64)	
PHYSICIAN OR CORONER	Primary	Acute Indigestion				How long	
	Immediate	Apoplexy				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				No			

Westminster Church

Name in Full		John Teackle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Springfield Hosp.</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND
	Date of death <i>1908</i>		Month <i>June</i>	Day <i>27</i>	Age <i>62</i>	Years	Months Days
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		
	Occupation <i>Lawyer</i>				Where Residing if not at place of death		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
	Father's Name <i>St George W. Teackle</i>				Father's Birthplace <i>Va</i>		
	Mother's Maiden Name <i>Catherine</i>				Mother's Birthplace <i>md</i>		
Name of person giving information <i>Hospital records</i>				How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">64</div>							
PHYSICIAN OR CORONER	Primary		<i>Organic dementia</i>				How long <i>about 8 yrs</i>
	Immediate		<i>Cerebral apoplexy</i>				How long <i>Few minutes</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>Chas. J. Carey</i>		
					Address <i>Sykesville</i>		
	Accident or Suicide?		<i>no</i>		<i>md.</i>		



Name
in
Full

Margaret A Wilhite

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Taneytown</u> ^{Town}		<u>Barroll</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>6</u> ^{Month}	<u>28</u> ^{Day}	Age <u>84</u> ^{Years}	<u>3</u> ^{Months}	<u>15</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Mod</u>		
Occupation <u>None</u>			Where Residing if not at place of death		
Married, Single <u>Widowed</u>		Name of Wife or Husband <u>Isaac Wilhite</u>			
Father's Name <u>John Six</u>			Father's Birthplace <u>Mod</u>		
Mother's Maiden Name <u>Mary Morrison</u>			Mother's Birthplace <u>Mod</u>		
Name of person giving information <u>Lara Wilhite</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	<u>64</u> ^{How long} <u>5 years</u>
Immediate <u>Coma-Failure of Respiration</u>	<u>3 days</u> ^{How long}
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F. H. Davis</u>
	Address <u>Taneytown, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Rachel Ruth John ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{near} <i>Freedom</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND								
Date of death	1908	Month	6	Day	17	Age	Years	74	Months	2	Days	8
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Carroll Co., Md.</i>					
Occupation	<i>Household work</i>		Where Residing if not at place of death <i>near Freedom, Md.</i>									
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>William John, (deceased)</i>								
Father's Name	<i>Richard J. Givings (deceased)</i>					Father's Birthplace	<i>Howard Co., Md.</i>					
Mother's Maiden Name	<i>Elizabeth Mauro (")</i>					Mother's Birthplace	<i>Balto. City, Md.</i>					
Name of person giving information	<i>Ella Cronk</i>					How related to deceased	<i>Daughter.</i>					

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>Ovarian Carcinoma</i>	How long	<i>9 months</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. D. Cronk M.D.</i>
		Address	<i>Winfield, Ill.</i>
			<i>Carroll Co.,</i>
Accident or Suicide?			

